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FROM:	Kevin W. Goldstein	ADMIN. ASST.:	Linda M. Keller
APPLN. NO.:	10/716,586	ATTY. DOCKET NO.:	182531-0004 (formerly HMC-130US)
TITLE OF APPLN.: PROTECTIVE COVER FOR LOCKING DEVICES			
FILING DATE:	November 19, 2003	ART UNIT:	3673
FIRST INVENTOR:	Gordon K. Dennis	CONF. NO.:	6289
TITLE OF DOCUMENT: Response / Replacement Drawings Submission			

Total Number of Pages: 10 (including this form)

COMMENTS

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Applicant: Gordon K. Dennis

Docket No.

182531-0004

Application No.

10/716,586

Filing Date

November 19, 2003

Examiner

Lloyd A. Gall

Group Art Unit

3673

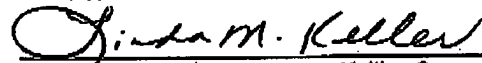
Invention: PROTECTIVE COVER FOR LOCKING DEVICES

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Transmittal Form; Response/Replacement Drawings Submission (5 pgs) w/Replacement Drawings (2 sheets).

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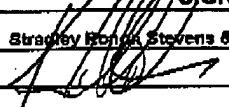
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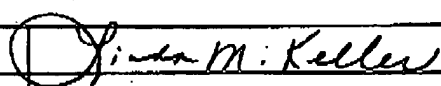
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/716,588
	Filing Date	November 19, 2003
	First Named Inventor	Gordon K. Dennis
	Art Unit	3673
	Examiner Name	Lloyd A. Gail
	Attorney Docket Number	182531-0004 (formerly HMC-130US)
Total Number of Pages in This Submission		9

ENCLOSURES		(Check all that apply)	
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Replacement Drawing(s) (2 sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Facsimile Transmission	Remarks Any response in this application requiring a petition for extension of time, but failing to include one, should be treated as though it does include the required petition for extension of time.
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Signature			
Printed name	Kevin W. Goldstein		
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